

Chapter 2: Patient Characteristics—Psychiatric Comorbidity

Understanding the characteristics of the VHA patients with depression is critical to tailoring current services and planning future services. We report on psychiatric comorbidities among the 305,122 depressed veterans who received specialty treatment and describe the comorbidity categories that are used throughout the NARDEP 2002 report.

Psychiatric Comorbidity

Psychiatric comorbidity is defined as the presence, either simultaneously or in succession, of two or more specific psychiatric disorders in an individual within a specified period (Burke et al. 1990; Wittchen 1996).

Comorbidity has major implications for the course of patients' depressive disorders and their outcomes. Comorbid patients have higher service use than patients with only one psychiatric disorder, more severe symptoms, greater functional disability, and a longer illness course (Roy-Byrne et al. 2000; Bijl and Ravelli, 2000).

The Epidemiological Catchment Area Study (ECA) and the National Comorbidity Study (NCS), found that psychiatric comorbidity is common, with 54% and 56%, respectively, of respondents with a lifetime history of one DSM-III/DSM-III-R disorder also meeting criteria for another mental disorder (Kessler et al. 1994; 1991). Comorbidity among patients with depressive disorders is particularly common. In a large epidemiological study, 60.5% of patients with a depressive disorder had had another psychiatric disorder in the previous 12 months. 54.3% of these depressed patients had a comorbid anxiety disorder and 16.7% had a comorbid substance use disorder (De Graaf et al. 2002).

In analyses assessing the prevalence of six comorbidity categories (PTSD, substance abuse, other anxiety diagnoses, bipolar II, dementia, schizophrenia), we found that just 40% of veterans had a depression diagnosis alone. An additional 40% had a diagnosis in another comorbid category and 20% had a diagnosis in two or more comorbid categories.

Psychiatric Comorbidity Groups Used in the NARDEP Report

There were a variety of alternatives for constructing comorbidity groups for this report. After consultation with the Mental Health QUERI Executive committee, four comorbidity groups were selected for reporting purposes. These groups are based on treatment implications and the likely location of treatment within the VA mental health system.

The Comorbidity Groups used in the FY02 report are as follows:

Depression Alone or Depression with an Anxiety Disorder other than PTSD

(N=158,768): This represents a patient population that may be considered “less complicated”. These patients may require fewer treatment resources in mental health clinics and may be more likely to receive some of their treatment in primary care.

Depression and Substance Abuse (N=67,890): Patients in this category are likely to benefit from substance abuse services in addition to depression treatment. Although they may have other comorbidities in addition to substance abuse, substance abuse is often a pressing treatment issue. Substance abuse was one of the most common comorbidities among depressed veterans.

Depression and PTSD (N=57,720): Patients are included in this category if they had a PTSD diagnosis, without a concurrent substance abuse disorder. PTSD is a disorder of particular significance to the VA and it is highly comorbid with depression. These patients may require specialized PCT services in addition to depression treatment. PTSD was the most common comorbidity category among depressed veterans.

Other complicated Depression (N=20,744): Patients are included in this category if they have a comorbidity other than substance abuse or PTSD. Other comorbidities in this patient population included dementia, schizophrenia, and bipolar II.

Table 2.A: Comorbidity Groups Used in NARDEP 2002 Report

Comorbidity Groups				Total
Dep alone or w/OthAnx	Dep + SAbuse	Dep + PTSD	Other Comp Depression	
N	N	N	N	N
158,768 (52%)	67,890 (22%)	57,720 (19%)	20,744 (7%)	305,122

Table 2.B: Detailed Tables of Psychiatric Comorbidities, Using Six Comorbidity Groups (PTSD, Substance Abuse, Other anxiety diagnoses, Bipolar II, Dementia, Schizophrenia)

Nine Comorbidity Groups				
Group	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Depression only	122,429	40.12	122,429	40.1
With PTSD	39,867	13.07	162,296	53.2
With Schizophrenia	7,057	2.31	169,353	55.5
With Bipolar2 Disorder	1,197	0.39	170,550	55.9
With Dementia	7,708	2.53	178,258	58.4
With Substance Abuse	30,789	10.09	209,047	68.5
With Substance Abuse and PTSD	14,153	4.64	223,200	73.2
With Other Anxiety Disorders	36,339	11.91	259,539	85.1
With 3 or more Other	45,583	14.94	305,122	100.00

Table 2.C: Number of Psychiatric Comorbidities Using Six Comorbidity Groups

Number of Psychiatric Comorbidity Groups				
Number of Comorbidities	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	122,429	40.1	12,2429	40.1
1	122,957	40.3	245,386	80.4
2	59,736	19.6	305,122	100.0

Table 2.D: Detailed View of Comorbidity Patterns

Patterns of Psychiatric Comorbidities				
Top 12 Most Frequent Comorbidity Patterns				
Comorbidity	Frequency	Percent	Cumulative Frequency	Cumulative Percent
PTSD	39,867	13.1	162,296	53.2
Anxiety	36,339	11.9	198,635	65.1
Substance Abuse	30,789	10.1	229,424	75.2
S. Abuse, PTSD	14,153	4.6	243,577	79.8
PTSD, Anxiety	12,343	4.1	255,920	83.9
S. Abuse, Anxiety	8,422	2.8	264,342	86.6
Dementia	7,708	2.5	272,050	89.2
Schizophrenia	7,057	2.3	279,107	91.5
S. Abuse, PTSD, Anxiety	4,700	1.5	283,807	93.0
S. Abuse, Schizo.	3,329	1.1	287,136	94.1
Dementia, Anxiety	2,121	0.7	289,257	94.8
PTSD, Dementia	1,848	0.6	291,105	95.4